## PART B - FEE(S) TRANSMITTAL

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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APPLICATION NO.		FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/573,201		03/2	03/24/2006 Shri		hari CHANDRAGHATGI			Q93848			9581	
TITLE OF INVENTION HEXAVALENT CHR		NT AND N	METHOD FO	r decon	TAMINATING	SOIL, GRO	DUNDW	ATER OR SED	IMENT CONTAM	1INATE	D WITH	
APPLN. TYPE		ALL FITY	ISSUE FEE		PUBLICAT FEE	ION PR	REV. PA	ID ISSUE FEE	TOTAL FEE	(S)	DATE DUE	
nonprovisional	Y	YES \$755			\$300.00		\$0.00		\$1,055.00	\$1,055.00 10/23/2008		
EXAMINER					ART UNI	ART UNIT CLAS						
4.11	Chester T	. BARRY		*	1724							
1. Change of correspor	(37 CFR 1.363	2. For pri	nting on	the patent front	page list 1	Sugh	rue Mion, PLLC					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						orm (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2						
☐ "Fee Address" indi 03-02 or more recent)												
3. ASSIGNEE NAME	AND RE	SIDENCE	DATA TO B	E PRINTE	D ON THE PAT		or type)					
PLEASE NOTE: Unle	ss an assi	gnee is ide	ntified below	, no assign	ee data will appe	ear on the p	atent. If	an assignee is i	dentified below, th	e docun	ent has been filed for	
(A) NAME OF ASSIC					ATE OR COUN				3 FMOHAMM1 0000	0031 1	94880 10573201	
ECOCYCLE CORPO	RATION		Toyama, J	apan				01 FC:250: 02 FC:150	l 755.00 4 300.00			
Please check the appro	priate ass	ignee categ	ory or catego	ries (will n	ot be printed on t	the patent):	□ Indivi	dual 🗹 Corpora	ation or other priva	te group	entity   Government	
4a. The following fee(	mitted:			4b. Payme	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☑ Issue Fee	☐ A check	☐ A check is enclosed.										
☑ Publication Fee (No	☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.										
☐ Advance Order - # o		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.										
	☑ The US <u>19-4880</u> . I	☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.										
5. Change in Entity St	atus (from	status indi	cated above)				•		-			
☑ a. Applicant claims	•		•	CFR 1.27.	□ b. Appli	icant is no l	onger cla	iming SMALL	ENTITY status. S	ee 37 CI	FR 1.27(g)(2).	
The Director of the US	PTO is re	quested to	apply the Issu	e Fee and I							ation identified above.	
NOTE: The Issue Fee party in interest as sho	and Public	cation Fee	(if required) y	vill not be	accepted from an	yone other						
Authorized Signature				Date			October 22, 2008					
Typed or Printed Name			Abraham J. R	osner		Registration No.			33,276			